

BEFORE THE DEPARTMENT OF PUBLIC  
HEALTH AND HUMAN SERVICES OF THE  
STATE OF MONTANA

In the matter of the	)	NOTICE OF PUBLIC HEARING
adoption of Rules I through	)	ON PROPOSED ADOPTION AND
XI, the amendment of ARM	)	AMENDMENT
37.104.101, 37.104.105,	)	
37.104.106, 37.104.201,	)	
37.104.203, 37.104.208,	)	
37.104.212, 37.104.213,	)	
37.104.218, 37.104.221,	)	
37.104.306, 37.104.307,	)	
37.104.311, 37.104.312,	)	
37.104.316, 37.104.319,	)	
37.104.329, 37.104.336,	)	
37.104.401, 37.104.404,	)	
37.104.616 and 37.104.805	)	
and the repeal of ARM	)	
37.104.219, 37.104.220,	)	
37.104.317, 37.104.318,	)	
37.104.327, 37.104.328,	)	
37.104.402 and 37.104.403	)	
pertaining to emergency	)	
medical services	)	

TO: All Interested Persons

1. On \_\_\_\_\_, at \_\_\_\_\_, a public hearing will be held in \_\_\_\_\_ of the Department of Public Health and Human Services Building, 111 N. Sanders, Helena, Montana to consider the proposed adoption, amendment and repeal of the above-stated rules.

The Department of Public Health and Human Services will make reasonable accommodations for persons with disabilities who need an alternative accessible format of this notice or provide reasonable accommodations at the public hearing site. If you need to request an accommodation, contact the department no later than 5:00 p.m. on \_\_\_\_\_, to advise us of the nature of the accommodation that you need. Please contact Dawn Sliva, Office of Legal Affairs, Department of Public Health and Human Services, P.O. Box 4210, Helena, MT 59604-4210; telephone (406)444-5622; FAX (406)444-1970; Email dphhslegal@mt.gov.

2. The rules as proposed to be adopted provide as follows:

RULE I BASIC EQUIPMENT KIT (1) A basic equipment kit must include all of the following equipment and supplies:

- (a) two air occlusive dressings;

- (b) one blood pressure manometer with adult, extra large adult, and pediatric cuffs;
- (c) one stethoscope;
- (d) five dressings (assorted);
- (e) two pairs of exam gloves;
- (f) one pair of safety glasses to provide splash protection for the emergency care provider;
- (g) one surgical mask;
- (h) one oral glucose;
- (i) one flashlight;
- (j) four soft roller bandages;
- (k) four rolls of adhesive tape of assorted sizes;
- (l) four triangular bandages;
- (m) four oropharyngeal airways of assorted child and adult sizes;
- (n) one mouth to mask resuscitator with one-way valve, oxygen inlet and oxygen connecting tubing;
- (o) one bulb syringe or equivalent suction apparatus;
- (p) one portable oxygen system containing at least 200 liters of oxygen and with regulator and flowmeter;
- (q) one adult and one pediatric oxygen mask;
- (r) one nasal oxygen cannula;
- (s) one pair of scissors;
- (t) one pair of heavy leather gloves;
- (u) one helmet for personnel that is capable of protection from head injury; and
- (v) paper and pen or pencil.

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-323, MCA

RULE II BASIC LIFE SUPPORT SERVICE LICENSING (1) A basic life support service or nontransporting medical unit will be licensed as follows:

(a) An ambulance service or NTU that provides care at the EMT-B 2 level will receive a basic life support license.

(b) Other than as defined in (1)(a), an ambulance service or NTU that provides advanced life support but cannot reasonably provide it 24 hours per day, seven days per week due to limited personnel, will receive a basic life support license.

(2) Ambulance services or NTUs shall request authorization for (1)(a) or (b) by submitting a service plan on forms provided by the department.

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-323, MCA

RULE III NONTRANSPORTING MEDICAL UNIT (1) A nontransporting medical unit is an aggregate of persons who hold themselves out as providers of emergency medical services who:

(a) do not routinely provide transportation to ill or injured persons;

(b) routinely offer to provide services to the general public beyond the boundaries of a single recreational site, work

site, school or other facility;

(c) a nontransporting EMS service must have an agreement with a licensed ambulance service to ensure continuity of care and adequate transportation for its patients. An ambulance service is not required to approve of or enter into an agreement with a nontransporting EMS service; and

(d) a law enforcement agency, fire department, search and rescue unit, ski patrol or mine rescue unit which does not hold itself out as a provider of emergency medical care to the public shall not be considered a nontransporting service solely because members of that unit or department provide medical care at the scene of a medical emergency to which they were dispatched for other purposes.

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-323, MCA

RULE IV SAFETY AND EXTRICATION KIT (1) A safety and extrication kit must include the following equipment and supplies:

(a) a total of five pounds of ABC fire extinguisher, except for an extinguisher in an air ambulance, which must meet FAA standards;

(b) one short immobilization device with patient securing materials;

(c) three rigid cervical collars of assorted sizes;

(d) one phillips screwdriver;

- (e) one straight blade screwdriver;
- (f) one spring loaded center punch;
- (g) one crescent wrench;
- (h) one pair pliers; and
- (i) one hacksaw and blade.

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-323, MCA

RULE V TRANSPORTATION EQUIPMENT KIT (1) A transportation and equipment kit must include the following equipment and supplies:

- (a) one suction unit, either portable or permanently installed, which operates either electrically or by engine vacuum and includes all necessary operating accessories;
- (b) an oxygen supply administration system containing a minimum of 1000 liters of oxygen;
- (c) one sterile disposable humidifier;
- (d) one rigid pharyngeal suction tip;
- (e) one long spinal immobilization device with patient securing materials;
- (f) one lower extremity traction device;
- (g) two lower extremity rigid splints;
- (h) two upper extremity rigid splints;
- (i) one ambulance cot with at least two restraining straps and, with the exception of an air ambulance litter, four wheels and the capability of elevating the head; and

(j) clean linen for the primary cot and for replacement.

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-323, MCA

RULE VI LICENSE RENEWALS (1) License renewals will be for 2-year periods, and will expire on December 31 of the 2nd year of the period.

AUTH: 50-6-323, MCA

IMP: 50-6-323, MCA

RULE VII ADVERTISING RESTRICTIONS (1) Except as otherwise specifically provided in this chapter, no person may:

(a) advertise the provision of an emergency medical service without first having obtained a license from the department; or

(b) advertise, allow advertisement of, or otherwise imply provision of emergency medical services at a level of care higher than that for which the service is licensed.

AUTH: 50-6-323, MCA

IMP: 50-6-323, MCA

RULE VIII STANDARD OF CARE (1) All emergency medical personnel must provide care which conforms to the general standard of care expected of persons who are comparably trained,

certified or licensed.

AUTH: 50-6-323, MCA

IMP: 50-6-323, MCA

RULE IX EMT LEVEL OF CARE LIMITATIONS (1) With the exception of a physician or the circumstances described in ARM 37.104.335(3), no attempt may be made by personnel to provide a level of care higher than the level and type for which the emergency medical service is licensed, even though individual members of the emergency medical services may have a higher level of certification.

(2) An EMT licensed or endorsed beyond the EMT-B level may perform acts allowed under the EMT's licensure level or endorsement level only when authorized under the service license.

AUTH: 50-6-323, MCA

IMP: 50-6-323, MCA

RULE X SERVICE OPERATION (1) An emergency medical service may not be operated in a manner that presents a risk to, threatens, or endangers the public health, safety or welfare.

AUTH: 50-6-323, MCA

IMP: 50-6-323, MCA

RULE XI AUTHORIZATION (1) In order for a basic service to be authorized at a higher level of service, it must:

- (a) apply on forms provided by the department; and
- (b) have an approved service medical director.

AUTH: 50-6-323, MCA

IMP: 50-6-323, MCA

3. The rules as proposed to be amended provide as follows. Matter to be added is underlined. Matter to be deleted is interlined.

37.104.101 DEFINITIONS The following definitions apply in subchapters 1 through 4.

(1) "Advanced life support" or "ALS" means an advanced life support provider as defined in ARM 24.156.2701.

~~(1)~~ (2) "Advanced life support service" means an emergency medical service which ambulance service or nontransporting medical unit that has the capacity to provide care at the EMT-paramedic equivalent level. any of the following levels of care or endorsements 24 hours a day, seven days a week:

- (a) EMT-B 1, EMT-B 3, EMT-B 4 and EMT-B 5 endorsements;
- (b) EMT-I and all EMT-I endorsements; or
- (c) EMT-P and all EMT-P endorsements.

~~(2)~~ (3) "Advanced life support (ALS) kit" means all of the following equipment and supplies: necessary to support the level of care and endorsements authorized by the service medical

director.

~~(a) an EMT-intermediate kit, with the exception that the monitor/defibrillator must have a self contained monitor, ECG strip writer, and quick look paddles;~~

~~(b) five each of three assorted sizes of needles;~~

~~(c) two each of three assorted sizes of syringes;~~

~~(d) medications consistent with the level of service and as identified in protocols.~~

~~(3) (4) "Advisory committee" means the department advisory committee specified in 50-6-324, MCA.~~

~~(4) (5) "Ambulance service" means an emergency medical service that utilizes an ambulance.~~

~~(6) "Authorization" means department approval of an ambulance service or nontransporting medical unit (NTU) to provide advanced life support on a less than 24 hours per day, seven day per week basis due to limited personnel.~~

~~(5) (7) "Automated external defibrillator (AED)" means a medical device heart monitor and defibrillator, with an event recorder, that is approved by the department and that: U.S. food and drug administration.~~

~~(a) is capable of recognizing the presence or absence of ventricular fibrillation and rapid ventricular tachycardia and of determining whether defibrillation should be performed; and~~

~~(b) whenever it determines that defibrillation should be performed, charges and delivers an electrical impulse at the command of the operator.~~

~~(6) (8) "Basic equipment kit" means all of the following~~

~~equipment and supplies: the equipment and supplies required by [Rule I].~~

- ~~(a) two air occlusive dressings;~~
- ~~(b) one blood pressure manometer with adult, extra large adult, and pediatric cuffs;~~
- ~~(c) one stethoscope;~~
- ~~(d) five dressings (assorted);~~
- ~~(e) two pairs of exam gloves;~~
- ~~(f) one pair of safety glasses to provide splash protection for the emergency care provider;~~
- ~~(g) one surgical mask;~~
- ~~(h) one oral glucose;~~
- ~~(i) one flashlight;~~
- ~~(j) four soft roller bandages;~~
- ~~(k) four rolls of adhesive tape of assorted sizes;~~
- ~~(l) four triangular bandages;~~
- ~~(m) four oropharyngeal airways of assorted child and adult sizes;~~
- ~~(n) one mouth to mask resuscitator with one-way valve, oxygen inlet and oxygen connecting tubing;~~
- ~~(o) one bulb syringe or equivalent suction apparatus;~~
- ~~(p) one portable oxygen system containing at least 200 liters of oxygen and with regulator and flowmeter;~~
- ~~(q) one adult and one pediatric oxygen mask;~~
- ~~(r) one nasal oxygen cannula;~~
- ~~(s) one pair of scissors;~~
- ~~(t) one pair of heavy leather gloves;~~

~~(u) one helmet for personnel that is capable of protection from head injury;~~

~~(v) paper and pen or pencil.~~

(9) "Basic life support (BLS)" means a basic life support level of care as defined in ARM 24.156.2701.

~~(7) (10) "Basic life support service" means an emergency medical service ambulance service or nontransporting medical unit capable of providing care at the basic life support level and licensed as a provider under [Rule II].~~

(11) "Board" means the Montana board of medical examiners of the department of labor and industry.

~~(8) (12) "Defibrillator with dual channel recording capabilities" means a device, approved by the department, capable of continuously recording the electrocardiogram and simultaneously recording the events at the scene, and shall be portable, self-contained, DC powered, and capable of defibrillation according to the defibrillation protocol, either manually, semi-automatically or automatically.~~

~~(9) "Defibrillation protocol" means a uniform protocol for an EMT-defibrillation equivalent or EMT-intermediate equivalent functioning within an emergency medical service, adopted by the Montana board of medical examiners for statewide use, specific to the type of defibrillator being used, and signed by the off-line medical director.~~

~~(10) (13) "Emergency medical technician-basic (EMT-B)" (EMT-basic) means an individual who is licensed by the board as an EMT-B. certified as an EMT-basic by the Montana board of~~

~~medical examiners.~~

~~(11)~~ (14) "Emergency medical technician-basic (EMT-basic) equivalent" means one of the following:

~~(a) from January 1, 1990, through December 31, 1992, one of the following:~~

- ~~(i) EMT-basic;~~
- ~~(ii) EMT-defibrillation;~~
- ~~(iii) EMT-intermediate;~~
- ~~(iv) EMT-paramedic;~~
- ~~(v) registered nurse;~~

~~(b) from January 1, 1993, on, one of the following:~~

- ~~(i) EMT-basic;~~
- ~~(ii) EMT-defibrillation;~~
- ~~(iii) EMT-intermediate;~~
- ~~(iv) EMT-paramedic;~~
- ~~(v) grandfathered nurse;~~
- ~~(vi) registered nurse with supplemental training.~~

(a) an EMT-basic;

(b) any licensed EMT provider above EMT-B, including endorsements; or

(c) a registered nurse with supplemental training.

~~(12) "Emergency medical technician-defibrillation (EMT-defibrillation)" means a person certified as an emergency medical technician-defibrillation by the Montana board of medical examiners.~~

~~(13) "Emergency medical technician-defibrillation (EMT-defibrillation) equivalent" means:~~

~~(a) from January 1, 1990, through December 31, 1992, one of the following:~~

~~(i) EMT-defibrillation;~~

~~(ii) EMT-intermediate;~~

~~(iii) EMT-paramedic;~~

~~(iv) registered nurse who has written authorization from the off-line medical director to perform defibrillation according to protocol;~~

~~(b) after January 1, 1993, one of the following:~~

~~(i) EMT-basic who has successfully completed either an EMT-basic transition course approved by the department or an EMT-basic course following the United States department of transportation's 1994 national standard curriculum, which is adopted by reference as noted in (42) below;~~

~~(ii) EMT-defibrillation;~~

~~(iii) EMT-intermediate;~~

~~(iv) EMT-paramedic;~~

~~(v) grandfathered nurse;~~

~~(vi) registered nurse with supplemental training.~~

(15) "Emergency medical technician-first responder (EMT-F)" means an individual who is licensed by the board as an EMT-F.

(16) "Emergency medical technician-first responder equivalent" means one of the following:

(a) an EMT-F;

(b) any licensed EMT provider above EMT-F, including endorsements; or

(c) a registered nurse with supplemental training.

~~(14) (17) "Emergency medical technician-intermediate(EMT-I)" means an individual who is licensed by the board as an EMT-I. (EMT-intermediate)" means a person certified as an emergency medical technician-intermediate by the Montana board of medical examiners.~~

~~(15) (18) "Emergency medical technician-intermediate(EMT-intermediate) (EMT-I) equivalent" means one of the following:~~

~~(a) from January 1, 1990, through December 31, 1992, one of the following:~~

~~(i) EMT-intermediate;~~

~~(ii) EMT-paramedic;~~

~~(iii) registered nurse who has written authorization from the off-line medical director to perform at the EMT-intermediate level;~~

~~(b) from January 1, 1993, on, one of the following:~~

~~(i) EMT-intermediate;~~

~~(ii) EMT-paramedic;~~

~~(iii) grandfathered nurse;~~

~~(iv) registered nurse with supplemental training.~~

(a) an EMT-intermediate;

(b) any licensed EMT provider above EMT-I, including endorsements; or

(c) a registered nurse with supplemental training.

~~(16) (19) "Emergency medical technician-paramedic(EMT-P)" means an individual who is licensed by the board as an EMT-P. (EMT-paramedic)" means a person certified as an emergency~~

~~medical technician-paramedic by the Montana board of medical examiners.~~

~~(17)~~ (20) "Emergency medical technician-paramedic ~~(EMT-paramedic)~~ (EMT-P) equivalent" means one of the following:

~~(a) from January 1, 1990, through December 31, 1992, one of the following:~~

~~(i) EMT-paramedic;~~

~~(ii) registered nurse who has written authorization from the off-line medical director to perform at the EMT-paramedic level;~~

~~(b) from January 1, 1993, on, one of the following:~~

~~(i) EMT-paramedic;~~

~~(ii) grandfathered nurse;~~

~~(iii) registered nurse with supplemental training.~~

(a) an EMT-paramedic;

(b) an EMT provider with an endorsement above EMT-P; or

(c) a registered nurse with supplemental training.

~~(18) "EMT-defibrillation life support service" means an emergency medical service capable of providing care at the EMT-defibrillation equivalent level.~~

~~(19) "EMT-D defibrillation kit" means the following equipment and supplies:~~

~~(a) one defibrillator with dual channel recording capabilities or an automated external defibrillator;~~

~~(b) electrodes sufficient for two patients; and~~

~~(c) a patient cable.~~

~~(20) "EMT-intermediate kit" means all of the following~~

~~equipment and supplies:~~

- ~~(a) a total of 1000 cc's of dextrose, 5% in water;~~
- ~~(b) a total of 2000 cc's of lactated Ringers solution;~~
- ~~(c) a total of 1000 cc's of normal saline IV solution;~~
- ~~(d) one intravenous administration set, minidrip;~~
- ~~(e) two intravenous administration sets, standard;~~
- ~~(f) three each of four different gauge, catheter over the~~

~~needle, sets;~~

- ~~(g) two IV tourniquets;~~
- ~~(h) one esophageal obturator airway;~~
- ~~(i) one adult pneumatic anti-shock garment;~~
- ~~(j) alcohol and betadine swabs;~~
- ~~(k) two sets of four different sized endotracheal tubes;~~
- ~~(l) one laryngoscope handle and two blades;~~
- ~~(m) the EMT-D defibrillation kit.~~

~~(21) "EMT-intermediate life support service" means an emergency medical service which is capable of providing care at the EMT-intermediate equivalent level.~~

(21) "Emergency medical technician-first responder ambulance (EMT-F)" means an individual who is licensed by the board as an EMT-F as defined by ARM 24.156.2701 with an ambulance endorsement.

~~(22) (22) "FAA" means the federal aviation administration.~~

~~(23) "First responder" means a person who has first responder status by virtue of complying with department guidelines for attaining such status.~~

~~(24) (23) "First responder-ambulance" means an individual~~

licensed by the board as an EMT-F with an ambulance endorsement as listed in ARM 24.156.2751. a person who has first responder-ambulance status by virtue of complying with department guidelines for attaining such status.

~~(25)~~ (24) "Grandfathered advanced first aid" means a person:

~~(a) from January 1, 1990, through December 31, 1992, a person certified in:~~

~~(i) American red cross advanced first aid and emergency care; and~~

~~(ii) cardiopulmonary resuscitation according to current American heart association standards; and~~

~~(b) on or after January 1, 1993, a person:~~

~~(i) certified in American red cross advanced first aid and emergency care;~~

~~(ii) certified in cardiopulmonary resuscitation according to current American heart association standards; and~~

~~(iii) who was continuously a member of a licensed emergency medical service from July 1, 1992, through December 31, 1992.~~

(a) certified in American red cross emergency response;

(b) certified in cardiopulmonary resuscitation according to current American heart association standards; and

(c) who was continuously a member of a licensed emergency medical service and was certified in American red cross advanced first aid and emergency care from July 1, 1992 through December 31, 1992.

~~(26) "Grandfathered nurse" means a registered nurse who is continuously a member of a licensed emergency medical service from July 1, 1992, through December 31, 1992, and who may provide services up to a level equal to the highest level of service they provided during the period from July 1 through December 31, 1992.~~

~~(27) (25) "Level of service" means either basic life support, EMT-defibrillation life support, EMT-intermediate life support, or advanced life support services.~~

~~(28) "Medical control" means the provision of direction, advice, and/or orders by a physician to personnel of an emergency medical service. Medical control includes:~~

~~(a) "On-line medical control", which means the provision of medical direction, advice, and/or orders to emergency care providers while on a call and functioning with a licensed EMT-defibrillation, EMT-intermediate, or advanced life support service. On-line medical control is supervised by the off-line medical director.~~

~~(b) "Off-line medical control", which means the provision of overall medical direction and advice to an emergency medical service.~~

~~(29) (26) "Non-transporting medical unit (NTU)" means a nontransporting unit as specified in [Rule III]. an aggregate of persons who are organized to respond to a call for emergency medical services and to treat a patient until the arrival of an ambulance. A non-transporting medical unit:~~

~~(a) consists of more than a single individual;~~

~~(b) provides coverage and response, as a group, to a defined geographic area;~~

~~(c) is organized, as a group, to provide a medical response to emergencies as one of its primary objectives;~~

~~(d) is routinely dispatched to emergency medical calls;~~  
and

~~(e) offers to provide a medical response to other organizations or the public.~~

~~(30) "Off-line medical director" means a physician who:~~

~~(a) is responsible and accountable for the overall medical direction and medical supervision of an emergency medical service at the EMT-defibrillation, EMT-intermediate, or advanced life support level;~~

~~(b) is responsible for the proper application of patient care techniques and the quality of care provided by the emergency medical services personnel at the EMT-defibrillation, EMT-intermediate, or advanced life support level;~~

~~(c) has been approved in writing by a local hospital medical staff and/or department of emergency medicine, if one exists, or, if there is no hospital in the community, by the medical staff and/or department of emergency medicine of a hospital in a nearby community to which patients are most commonly transported; and~~

~~(d) approves all protocols for use by emergency medical services personnel functioning in an EMT-defibrillation, EMT-intermediate, or advanced life support service.~~

(27) "Online medical direction" means online medical

direction as defined in ARM 24.156.2701.

~~(31)~~ (28) "Permit" means ~~the sticker affixed to a ground ambulance or a certificate placed in an air~~ or ground ambulance indicating the ambulance vehicle has met the requirements of these rules.

~~(32)~~ "Protocol" means ~~a set of written, standardized guidelines for administering patient care, at an EMT-intermediate or advanced life support level, and approved by the department and by the off-line medical director.~~

(29) "Statewide protocol" means the statewide protocols defined in ARM 24.156.2701.

~~(33)~~ (30) "Provisional license" means an emergency medical service license which is granted by the department and is valid for a maximum of 90 days.

~~(34)~~ (31) "Safety and extrication equipment kit" means the following equipment and supplies: required in [Rule IV].

~~(a) a total of 5 pounds of ABC fire extinguisher, except for an extinguisher in an air ambulance, which must meet FAA standards;~~

~~(b) one short immobilization device with patient securing materials;~~

~~(c) three rigid cervical collars of assorted sizes;~~

~~(d) one phillips screwdriver;~~

~~(e) one straight blade screwdriver;~~

~~(f) one spring loaded center punch;~~

~~(g) one crescent wrench;~~

~~(h) one pair pliers;~~

~~(i) one hacksaw and blade.~~

(32) "Service medical director" means a person who meets the requirements of a service medical director as provided in ARM 24.156.2701.

(33) "Service plan" means a written description of how an ambulance service or NTU service plans to provide response within its normal service area.

~~(35)~~ (34) "Stipulations" mean those conditions specified by the department at the time of licensing which must be met by the applicant in order to be licensed as an emergency medical service.

~~(36)~~ (35) "Supplemental training" means a training program for registered nurses utilized by an emergency medical service which: that

~~(a)~~ complements their existing education and results in knowledge and skill objectives comparable to the level of EMT training corresponding to the ~~level at which the service is licensed;~~ and license level authorized by the service medical director.

~~(b)~~ ~~is certified by the emergency medical service's medical director as having knowledge and skill objectives comparable to the level of EMT training corresponding to the level at which the service is licensed.~~

~~(37)~~ "Surrogate" means a registered nurse, licensed in Montana, who:

~~(a)~~ relays medical control orders consistent with the protocols established for a licensed EMT-intermediate life

~~support service;~~

~~(b) is capable of demonstrating all of the skills required for the EMT-intermediate level;~~

~~(c) is approved by and is responsible to the off-line medical director.~~

~~(38) (36) "Temporary permit" means a written authorization of limited duration indicating an ambulance vehicle may be used by a licensed ambulance service until a permit can be issued.~~

~~(39) "Temporary work permit" means a written authorization granted by the Montana board of medical examiners for a person who is eligible to take a Montana EMT certification exam to function as an EMT until the results of their examination are known.~~

~~(40) (37) "Transportation equipment kit" means the following equipment and supplies required in [Rule V].~~

~~(a) one suction unit, either portable or permanently installed, which operates either electrically or by engine vacuum and includes all necessary operating accessories;~~

~~(b) an oxygen supply administration system containing a minimum of 1000 liters of oxygen;~~

~~(c) one sterile disposable humidifier;~~

~~(d) one rigid pharyngeal suction tip;~~

~~(e) one long spinal immobilization device with patient securing materials;~~

~~(f) one lower extremity traction device;~~

~~(g) two lower extremity rigid splints;~~

~~(h) two upper extremity rigid splints;~~

~~(i) one ambulance cot with at least two restraining straps and, with the exception of an air ambulance litter, four wheels and the capability of elevating the head; and~~

~~(j) clean linen for the primary cot and for replacement.~~

~~(41) (38) "Type of service" means either an air ambulance fixed wing, air ambulance=rotor wing, ground ambulance=ground, or non=transporting medical unit.~~

~~(42) The department hereby adopts and incorporates by reference the U.S. department of transportation's Emergency Medical Technician: Basic National Standard Curriculum (1994), developed pursuant to contract number DTNH22-90-C-05189, which contains a national standard training program for EMT-basics. A copy of the curriculum may be obtained from the Department of Public Health and Human Services, Health Policy Services Division, Emergency Medical Services and Injury Prevention Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951, telephone: (406)444-3895.~~

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-323, MCA

37.104.105 LICENSE TYPES AND LEVELS (1) A license will be issued for, and authorize performance of, emergency medical services of a specific type and at a specific basic or advanced life support level.

(2) Each type of service may be licensed at any level. Except as specifically provided in this chapter, an emergency

medical service may be licensed at an advanced life support level only if they can reasonably provide such service 24 hours a day, seven days a week.

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-306 and 50-6-323, MCA

37.104.106 LICENSE APPLICATION REQUIREMENTS (1) An

application for a license to conduct an emergency medical service, including the renewal of a license, must be made on forms specified by the department, accompanied by the license fee, and, ~~with the exceptions noted in (b) and (c) below,~~ received by the department:

~~(a) not less than 30 days prior to the commencement of a new emergency medical service or the expiration of the license, in the case of an application for renewal.~~

~~(b) for licenses to commence January 1, 1990, by December 31, 1989; and~~

~~(c) in the case of non-transporting medical units, rotor wing air ambulance services, and fixed wing air ambulance services existing on January 1, 1990, by March 30, 1990.~~

(2) ~~Except for the period of January 1, 1990, to June 30, 1990, within~~ Within 30 days from receipt of an emergency medical service license application or, if the department requests additional information about the application, within 30 days from receipt of that information, the department shall either:

(a) issue the license;

- (b) issue the license with stipulations;
- (c) issue a provisional license; or
- (d) deny the license.

(3) The department may deny an emergency medical services license if:

(a) the application does not provide all of the requested information; or

(b) there is evidence that the applicant is not complying with these rules.

(4) ~~Except for the period of January 1, 1990, through June 30, 1990, if~~ If the department does not take action on the application within 30 days after its receipt, the emergency medical services license must be issued unless the applicant is known to be in violation of these rules.

(5) ~~Except for the year beginning January 1, 1990, the~~ The department shall inspect each emergency medical service prior to issuing a license. If an inspection cannot be conducted, the department may issue a provisional license until an inspection can be completed.

(6) To establish staggered terms of licensing:

~~(a) Every emergency medical service that submits a completed license application to the department before or during 1990 will be assigned a number in the chronological order its application is received by the department, an odd-numbered service will receive a license expiring December 31, 1990, and an even-numbered service will receive a license expiring December 31, 1991;~~

~~(b) (a)~~ When the department receives a completed license application for a new emergency medical service ~~after December 31, 1990,~~ it will assign that service a number ~~in the manner described in (a) above,~~ and if it grants the license:

(i) an odd -numbered service will be issued a license expiring December 31 of the year in which it was issued; and

(ii) an even -numbered service will be issued a license expiring December 31 of the year following the year in which it was issued.

~~(c) License renewals will be for 2-year periods, and will expire on December 31 of the 2nd year of the period.~~

~~(7) No person may:~~

~~(a) advertise the provision of an emergency medical service without first having obtained a license from the department; or~~

~~(b) advertise, allow advertisement of, or otherwise imply provision of emergency medical services at a level of care higher than that for which the service is licensed.~~

~~(8) (7)~~ If an emergency medical service from another state identifies Montana as part of its service area, and if it regularly provides an initial emergency medical services response into Montana, the emergency medical service must obtain a Montana emergency medical services license as provided by these rules, unless the other state's licensing standards are essentially comparable to those of Montana, in which case the department may license these services through a reciprocal agreement with the other state.

~~(9)~~ (8) An emergency medical service responding into Montana to transfer patients from a Montana medical facility to a non-Montana medical facility is not required to obtain a Montana license if it is licensed in its state of origin.

~~(10)~~ (9) If a licensed emergency medical service is not reasonably available, the occasional and infrequent transportation by other means is not prohibited.

~~(11)~~ (10) In a ~~major~~ catastrophe or major emergency when licensed ambulances are insufficient to render services required, non-licensed emergency medical services may be used.

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-306, 50-6-313 and 50-6-323, MCA

37.104.201 COMMUNICATIONS ~~(1) A ground ambulance must have a VHF mobile radio, and an air ambulance have a VHF portable radio with a minimum of frequency 155.280 MHz.~~

~~(2) Effective January 1, 1996:~~

~~(a)~~ (1) ~~a~~ A ground ambulance must have a VHF mobile radio, and an air ambulance must have a VHF portable radio, each with a minimum of the following:

~~(i)~~ (a) dual tone multi-frequency encoder;

~~(ii)~~ (b) frequency 155.280 MHz;

~~(iii)~~ (c) frequency 155.340 MHz;

~~(iv)~~ (d) frequency 155.325 MHz;

~~(v)~~ (e) frequency 155.385 MHz; and

~~(vi)~~ (f) frequency 153.905 MHz.

~~(b)~~ (2) a non-transporting unit must have the capability of providing at least one radio at every emergency medical scene with a minimum of the following:

- ~~(i)~~ (a) frequency 155.280 MHz;
- ~~(ii)~~ (b) frequency 155.340 MHz; and
- ~~(iii)~~ (c) frequency 153.905 MHz.

(3) An emergency medical service must have current legal authorization to use each of the frequencies required above.

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-323, MCA

37.104.203 EQUIPMENT (1) A basic equipment kit must be in each ground ambulance and available to each non-transporting unit and air ambulance on every call.

(2) When table I ~~below~~ in (6) shows that a transportation equipment kit or safety and extrication kit is required, it must be physically in each ground ambulance at all times and available to each air ambulance on every call.

(3) ~~Neither an EMT-D defibrillation kit, an EMT-intermediate kit, nor an~~ An advanced life support kit ~~need~~ does not need to be permanently stored on or in an ambulance or non-transporting unit, but may be kept separately in a modular, pre-packaged form, so long as it is available for rapid loading and easy access at the time of an emergency response.

~~(4) If table I below shows that an EMT-intermediate kit or an advanced life support kit is required, but the off-line~~

~~medical director notifies the department in writing that an item of equipment or supplies in the relevant kit will not be used in the emergency medical service, that item will not be required for licensure and the service may not use that item when providing emergency care.~~

~~(5) (4) Table I below in (6) shows the equipment kit which is required for licensure at each of the various types and levels of emergency medical services.~~

~~(5) For the purpose of Table I in (6), the following terms apply:~~

~~(a) basic= means basic equipment kit;~~

~~(b) transport= means transportation equipment kit;~~

~~(c) safety= means safety and extrication kit; EMT-D=EMT-D defibrillation kit; EMT-I=EMT-intermediate kit; and~~

~~(d) ALS= means advanced life support kit.~~

(6) TABLE I  
Equipment kit

	Basic	Trans port	Safety	EMT-D	EMT-I	ALS
Non-transport-basic	X					
Non-transport-defib	X			X		
Non-transport-interm.	X				X	
Non-transport-ALS	X					X
Ambulance-basic	X	X	X			
Ambulance-defib	X	X	X	X		
Ambulance-intermed.	X	X	X		X	

Ambulance-ALS	X	X	X			X
Air (rotor)-basic	X	X	X			
<del>Air (rotor)-defib</del>	<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>		
<del>Air (rotor)-interm.</del>	<del>X</del>	<del>X</del>	<del>X</del>		<del>X</del>	
Air (rotor)-ALS	X	X	X			X
Air (fixed)-basic	X	X				
<del>Air (fixed)-defib</del>	<del>X</del>	<del>X</del>		<del>X</del>		
<del>Air (fixed)-interm.</del>	<del>X</del>	<del>X</del>			<del>X</del>	
Air (fixed)-ALS	X	X				X

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-323, MCA

37.104.208 SANITATION (1) Each emergency medical service must develop and adhere to a written service sanitation policy that includes at least a method to dispose of contaminated materials meeting the minimum requirements set out in (2) below, as well as the following standards:

- (a) Products for cleaning shall contain a recognized, effective germicidal agent;
- (b) Disposable equipment must be disposed of after its use;
- (c) Any equipment that has come in contact with body fluids or secretions must be cleaned with a recognized germicidal/viricidal product;
- (d) Linen must be changed after every use;
- (e) Oxygen humidifiers must be single service and disposable; and

(f) Needles must not be recapped, bent, or broken, and must be disposed of in a container that provides protection to personnel from a needle puncture.

(2) Each emergency medical service must do at least the following in disposing of infective waste:

(a) ~~Either incinerate the waste or decontaminate it before disposing of it in a sanitary landfill licensed for that class of waste by the department;~~ Each service shall store, transport off the premises and dispose of infectious waste as defined in 75-10-1003, MCA and in accordance with the requirements set forth in 75-10-1005, MCA.

(b) ~~Place sharp items in puncture-proof containers and other blood-contaminated items in leak-proof plastic bags for transport to a landfill licensed by the department for that class of waste.~~ Used sharps shall be properly packaged and labeled as provided in 75-10-1005, MCA and as required by the occupational safety and health administration (OSHA).

(3) The interior of an ambulance, including all storage areas, must be kept clean and free from dirt, grease and other offensive matter.

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-323, MCA

37.104.212 RECORDS AND REPORTS (1) Each emergency medical service must maintain a trip report for every run in which patient care was offered or provided, which contains at

least the following information:

(a) identification of the emergency medical services provider;

(b) date of the call;

(c) patient's name and address;

(d) type of run;

(e) identification of all emergency medical services providers, riders, trainees, or service personnel officially responding to the call;

(f) the time:

(i) the dispatcher was notified;

(ii) the emergency medical service was notified;

(iii) the emergency medical service was enroute;

(iv) of arrival on the scene;

(v) the service departed the scene or turned over the patient to an ambulance service;

(vi) of arrival at receiving hospital, if applicable;

(g) history of the patient's illness or injury, including the findings of the physical examination;

(h) treatment provided or offered by the emergency medical services personnel, including, when appropriate, a record of all medication administered, the dose, and the time administered;

(i) record of the patient's vital signs, including the time taken, if applicable;

(j) utilization of on-line medical control, if applicable;

(k) destination of the patient, if applicable.

(2) Trip reports may be reviewed by the department.

(3) Copies of trip reports must be maintained by the service for a minimum of 7 seven years.

(4) Each emergency medical service must provide the department with a quarterly report, on a form provided by the department, that specifies the number and types of runs occurring during the quarter, the type of emergency, and the average response times.

~~(5) In addition to the requirements in (1)(a) through (i) above, any type of service functioning at the EMT-defibrillation level or the EMT-intermediate level must assure that their medical director reviews every run necessitating use of a defibrillator.~~

~~(6)~~ (5) As soon as practicable, possible, but no later than 48 hours after the end of the patient transport, an ambulance service must provide a copy of the trip report to the hospital that receives the patient.

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-323, MCA

37.104.213 PERSONNEL REQUIREMENTS : ~~GENERAL~~ (1) Each emergency medical service must meet the following personnel standards:

(a) All personnel functioning on the emergency medical service must have current certificates, licenses, proof of training or evidence of legal authorization to function, ~~or a temporary work permit for a given level of certification or~~

licensure;

~~(b) All emergency medical personnel must provide care which conforms to the general standard of care expected of persons who are comparably trained, certified, or licensed;~~

~~(c) (b) Emergency medical services personnel may use only that equipment and perform those skills for which they are trained, certified, or licensed and legally permitted to use;~~

~~(d) (c) Advanced first aid and emergency care personnel may use oxygen and suction but not pneumatic anti-shock trousers; When functioning under the conditions defined in ARM 24.156.2771, a licensed service may use EMTs licensed in another state to provide basic life support; and~~

~~(d) EMTs on licensed services may carry and administer auto-injectors as provided for in ARM 24.156.2771.~~

~~(e) With the exception of a physician or the circumstances described in ARM 37.104.335(3), no attempt may be made by personnel to provide a level of care higher than the level and type for which the emergency medical service is licensed, even though individual members of the emergency medical services may have a higher level of certification; and~~

~~(f) The emergency medical service is not operated in a manner which presents a risk to, threatens, or endangers the public health, safety, or welfare.~~

~~(2) With the exception of a physician or the circumstances described in ARM 37.104.335(3), an individual with a level of certification higher than the level of service license may function only to the level of the service license.~~

~~(3) An EMT-defibrillation equivalent may perform under a defibrillation protocol only if acting under the authority of a licensed EMT-defibrillation life support, EMT-intermediate life support, or advanced life support service.~~

~~(4) (2) All ambulances must have at least one of the required personnel as set forth in ARM 37.104.316, 37.104.319, 37.104.326, 37.104.329, 37.104.401 and 37.104.404 attending the patient, and, when providing care at an EMT-defibrillation, EMT-intermediate, or advanced life support level, the person certified at the corresponding level must attend the patient.~~

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-323, MCA

37.104.218 MEDICAL CONTROL - GENERAL SERVICE MEDICAL DIRECTOR (1) Each emergency medical service ~~at that provides service at~~ the ~~EMT-defibrillation, EMT-intermediate, or advanced~~ life support level shall have a service medical director.

(2) The requirements and responsibilities of the service medical director shall be as defined in ARM 24.156.2701.

~~(a) an off-line medical director;~~

~~(b) a written plan, approved by the department, for on-line medical control;~~

~~(c) protocols consistent with the level of service and approved by the department; and~~

~~(d) written procedures for the security and replacement of all medications.~~

~~(2) Each emergency medical service must supply each hospital to which it commonly transports patients with copies of all protocols that it adopts.~~

(3) As provided in ARM 24.156.2701, a designated service medical director must be a physician or physician assistant-certified who is responsible professionally and legally for overall medical care provided by a licensed ambulance service.

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-323, MCA

37.104.221 MEDICAL CONTROL - ADVANCED LIFE SUPPORT

(1) An advanced life support service must have ~~either:~~

~~(a) a two-way communications system, approved by the department, between the advanced life support service personnel and a 24-hour physician-staffed emergency department or with a physician approved by the service medical director. or~~

~~(b) if two-way communications from the field cannot be established with a 24-hour physician-staffed emergency department, medical control of the advanced life support personnel through an approved communications system with either:~~

~~(i) a hospital emergency department (physician only); or~~

~~(ii) a physician approved by the medical director.~~

(2) A service that provides only endorsement level EMT-B 2 as provided for in ARM 24.156.2751 is not required to have online medical direction.

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-323, MCA

37.104.306 AMBULANCE SPECIFICATIONS: - GROUND AMBULANCES

(1) ~~By January 1, 1993, all~~ All ground ambulances must have the following markings and emblems:

(a) The word "ambulance" must be affixed in mirror image in reflectorized lettering, centered above the grill on the front of the vehicle;

(b) The word "ambulance" must be affixed to the rear of the vehicle in reflectorized lettering.

(2) The required markings may not appear on non-licensed ambulances, with the exception of those ambulances temporarily in transit within the state.

(3) An ambulance must be equipped with operational emergency lighting and siren.

(4) All new ambulances, except those in service in Montana on or before January 1, 1990, must be equipped with audible backup warning devices.

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-323, MCA

37.104.307 AMBULANCE SPECIFICATIONS: AIR AMBULANCE

(1) A rotor wing air ambulance must be fitted with an ~~FAA~~ approved, externally mounted, searchlight of at least 300,000

candle power, capable of being controlled by the pilot without removing his hands from the flight controls, with a minimum motion of 90 degrees vertical and 180 degrees horizontal.

(2) The stretcher for the air ambulance must be secured by an FAA-approved method and must meet FAA static test load factors ~~as specified in 14 CFR 43.13(b)~~.

(3) The entrance in an ambulance for patient loading must be constructed so that under normal circumstances the stretcher does not require excessive tilting or rotation around the pitch or roll axis.

~~(4) The department hereby adopts and incorporates by reference 14 CFR 43.13(b), containing federal standards for air ambulance stretchers. A copy of 14 CFR 43.13(b) may be obtained from the Department of Public Health and Human Services, Health Policy Services Division, Emergency Medical Services and Injury Prevention Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951; or from the Federal Aviation Administration, Helena, MT 59601, telephone: (406)449-5290.~~

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-323, MCA

37.104.311 SAFETY - GROUND AMBULANCE SERVICES (1) ~~An~~ Except as provided in (3), an emergency medical service must take measures to assure that the carbon monoxide level in a ground ambulance does not exceed 10 parts per million accumulation at the head of the patient stretcher, ~~including~~

~~the following:~~

~~(a) The service must continuously maintaining in the patient compartment:~~

~~(a) a disposable carbon monoxide detector, approved by the department, which is capable of immediately detecting a dangerous rise in the carbon monoxide level; or~~

~~(b) writing on the detector the date of its placement, and replacing the detector prior to the expiration date; an electronic carbon monoxide monitor.~~

~~(c) keeping replaced detectors for a period of 3 years.~~

~~(2) Services that use a disposable carbon monoxide detector must also:~~

~~(a) write on the detector the date of its placement; and~~

~~(b) keep replaced detectors for a period of three years.~~

~~(3) An emergency medical service is not required to maintain a carbon monoxide detector in a diesel powered ambulance.~~

~~(2) (4) Windshields must be free from all cracks within the windshield wiper coverage area.~~

~~(3) (5) Tires must have at least 4/32 inch of tread depth, measured at two points not less than 15 inches apart in any major tread groove at or near the center of the tire.~~

~~(4) (6) No one may smoke in a ground ambulance.~~

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-323, MCA

37.104.312 SAFETY - AIR AMBULANCE (1) Each stretcher support must have, as a minimum, FAA-approved provisions for securing a 95th percentile adult American male patient, consisting of individual restraints across the chest and legs, and, with the exception of rotor-wing ambulances, a shoulder harness that meets FAA technical service order standards.

(2) In rotor-wing ambulances, high pressure containers and lines for medical gases may not be positioned in the scatter zone of the engine turbine wheels, unless adequate protection is provided to prevent penetration by turbine blade and wheel parts.

(3) Survival gear applicable to the needs of the area of operation and the number of occupants, must be carried on board and appropriately maintained.

(4) Any modifications to the interior of an aircraft to accommodate medical equipment must have FAA approval and be maintained to FAA standards.

(5) No one may smoke in an air ambulance.

(6) An emergency medical service must take measures to assure that the carbon monoxide level does not exceed 10 parts per million accumulation at the head of the patient stretcher or in the pilot's compartment, including the following:

(a) continuously maintaining, in the patient compartment and in the pilot's compartment, disposable or electronic carbon monoxide detectors, approved by the department, which are capable of immediately detecting a dangerous rise in the carbon monoxide level;

- (b) writing on each of the disposable detectors the date of its placement, and replacing it prior to the expiration date;
- (c) keeping replaced disposable detectors for a period of ~~3~~ three years after the date of their replacement.

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-323, MCA

37.104.316 PERSONNEL REQUIREMENTS: - BASIC LIFE SUPPORT GROUND AMBULANCE SERVICE ~~(1) From January 1, 1990, through December 31, 1995, a basic life support ground ambulance service must ensure that at least two of the following individuals are on each call:~~

- ~~(a) grandfathered advanced first aid;~~
- ~~(b) first responder-ambulance;~~
- ~~(c) EMT-basic equivalent; or~~
- ~~(d) physician.~~

~~(2) (1) After January 1, 1996, a A basic life support ground ambulance service must ensure that at least two of the following individuals are on each call board the ambulance when a patient is loaded or transported, with the proviso that having only two first responders-ambulance on a call is not allowed:~~

- (a) grandfathered advanced first aid;
- (b) first responder-ambulance;
- (c) EMT-basic equivalent; or
- (d) physician.

(2) A basic life support ambulance service may be

authorized as provided in [Rule XI] to provide on some calls, based on personnel availability, a higher level of care than that for which it is licensed.

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-323, MCA

37.104.319 PERSONNEL - ADVANCED LIFE SUPPORT GROUND AMBULANCE SERVICE (1) An advanced life support ground ambulance service must:

(a) meet the personnel requirements of a basic life support ground ambulance service contained in ARM 37.104.316; and

(b) when ~~responding~~ transporting a patient at the advanced life support level, ensure that one of the required personnel is an ~~EMT-paramedic equivalent~~ advanced life support EMT.

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-323, MCA

37.104.329 PERSONNEL - ADVANCED LIFE SUPPORT AIR AMBULANCE SERVICE (1) In addition to the pilot, one ~~EMT-paramedic equivalent~~ advanced life support EMT is required.

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-323, MCA

37.104.336 OTHER REQUIREMENTS: - AIR AMBULANCE SERVICE

(1) An air ambulance service must be licensed under current ~~14 CFR Part 135~~ of the FAA rules regulations.

~~(2) The department hereby adopts and incorporates by reference 14 CFR Part 135, which sets forth federal licensure requirements for air ambulance services. A copy of 14 CFR Part 135 may be obtained from the Department of Health and Human Services, Health Policy Services Division, Emergency Medical Services and Injury Prevention Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951, or from the Federal Aviation Administration, Helena, MT 59601, telephone: (406)449-5290.~~

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-323, MCA

37.104.401 PERSONNEL - BASIC LIFE SUPPORT NON-TRANSPORTING UNIT (1) ~~From January 1, 1990 on, at~~ At least one

of the following individuals must be on each call:

(a) a person with a grandfathered advanced first aid training;

(b) ~~first responder~~ an EMT-first responder (EMT-F);

(c) an EMT-first responder, ~~EMT-basic~~ equivalent; or

(d) a licensed physician.

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-323, MCA

37.104.404 PERSONNEL - ADVANCED LIFE SUPPORT NON-TRANSPORTING UNIT (1) An advanced life support non-transporting unit must:

(a) meet the personnel requirements of a basic life support non-transporting unit contained in ARM 37.104.401; and

(b) when responding at the advanced life support level, ensure that at least one ~~EMT-paramedic equivalent~~ advanced level EMT is on the call.

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-323, MCA

37.104.616 PERFORMANCE REQUIREMENTS OF AUTOMATED EXTERNAL DEFIBRILLATOR (AED) (1) An AED used by an AED program must be ~~capable of:~~ a unit approved by the U.S. food and drug administration.

~~(a) delivering a shock of a waveform that is either:~~

~~(i) damped sinusoidal; or~~

~~(ii) biphasic truncated exponential.~~

~~(b) delivering the shocks required by the AED program's authorized medical protocol; and~~

~~(c) operating satisfactorily in the environment in which it is intended to function.~~

AUTH: Sec. 50-6-503, MCA

IMP: Sec. 50-6-503, MCA

37.104.805 EXPOSURE FORM (1) A report of exposure must be filed with the health care facility by the designated officer on a form developed and approved by the department, entitled "Report of Exposure".

(2) The report form will require the following, at a minimum:

(a) name, address, and phone number ~~(s)~~ of the emergency services provider who sustained an exposure;

(b) date and time of the exposure;

(c) a narrative description of the type of exposure that occurred, a detailed description of how the exposure took place, and a description of any precautions taken;

(d) the name and, if available, the date of birth of the patient;

(e) the name of the health care facility receiving the patient and the health care facility's infectious disease control officer;

(f) the name of the emergency services organization with which the health care provider was officially responding;

(g) the names and phone numbers of the designated officer and the alternate;

(h) the address of the designated officer to which the written notification required by 50-16-702(2)(c), MCA, is to be sent; and

(i) the signature of the designated officer filing the report.

(3) A copy of the required form is available from the

Department of Public Health and Human Services, ~~Health Policy and Services Division~~ Public Health and Safety Division,  
Emergency Medical Services and ~~Injury Prevention~~ Trauma Systems  
Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951,  
telephone: (406)444-3895.

(4) An emergency service provider should, but is not required to, notify his/~~her~~ designated officer within 72 hours after the exposure if s/~~he~~ wishes a report of exposure to be filed.

(5) It is the department's interpretation that the information ~~that~~ 50-16-702(2)(c), MCA, requires a health care facility to provide to a designated officer in response to the filing with the facility of a report of exposure is limited to information related to the health care facility stay directly resulting from the incident that generated the exposure, and not to any subsequent emergency transport to that facility involving the same patient and the same emergency medical service. This interpretation is advisory only and not binding upon anyone.

AUTH: Sec. 50-16-705, MCA

IMP: Sec. 50-16-702 and 50-16-705, MCA

4. The rules 37.104.219, 37.104.220, 37.104.317, 37.104.318, 37.104.327, 37.104.328, 37.104.402 and 37.104.403 as proposed to be repealed are on pages 37-25655, 37-25656, 37-25671, 37-25672, 37-25675 and 37-25685 of the Administrative Rules of Montana.

AUTH: Sec. 50-6-323, MCA

IMP: Sec. 50-6-323, MCA

5. The Department is proposing these amendments to the administrative rules at ARM Title 37, Chapter 104 (the Chapter)

pertaining to emergency medical services (EMS). The Department believes these amendments are necessary to conform the EMS licensing rules to current emergency medical technician (EMT) certification and medical control standards adopted by the Montana board of medical examiners (BME), more commonly abbreviated as "BOME" and to accommodate technologies that have come into common use since the rules were adopted. The Department is also taking this opportunity to repeal obsolete rules and to restructure the rules so they will be easier to read and use.

The BOME adopted ARM 24.156.2701 through 24.156.2775 effective January 30, 2004 and these proposed rules would conform the emergency medical service license regulations to the BOME EMT license structure and current practice. The BOME rules added new levels of care, called "endorsements" between the EMT-First Responder, EMT-Basic, EMT-Intermediate and EMT-Paramedic levels. Current Department EMS service licensing rules do not allow services to provide these new endorsement levels of patient care. Without authorization to use these endorsement levels of care, services would not legally be able to provide these new lifesaving skills to their communities and patients. EMS services that must read and understand the Department's service licensing rules must also read and understand the BOME EMT licensing rules. The Department considered and rejected the option of adopting its own terminology and process to allow endorsement levels of care. By crafting these EMS service

licensing rules to compliment the BOME rules the Department intends to avoid possible confusion and to make it easier for a provider to meet the requirements of both.

There is no other practical option but to propose these rule changes. Services are currently allowed to provide endorsement level of care through a waiver process provided for under current rules. Waivers are temporary measures that can only be granted for up to six months at a time. Continued use of the waiver process requires services to reapply every six months for authorization to provide endorsement level care. The Department believes this is a hardship on those services and requires unnecessary paperwork that will eventually result in considerable frustration of the services.

#### RULE I

The Department is proposing to remove the basic equipment kit requirements from ARM 37.104.101(6), a definitions rule, and put them in this separate new rule. The Department is taking this opportunity to update the format and structure of the rules to conform to current Montana rulemaking format and to make both rules easier to read. The Department intends no substantive change as a result of this proposal.

#### RULE II

The Department proposes to define two different EMS service licenses: advanced life support (ALS) and basic life support

(BLS). Current service licensing rules require the Department to license services as basic life support, intermediate life support, defibrillation life support, intermediate life support and advanced life support levels. The BOME rules eliminated the license category "EMT-defibrillation" (EMT-D). Therefore, the Department is proposing to remove references to EMT-D throughout the Chapter.

This proposed rule would integrate former EMT-I, EMT-P and the intervening endorsement levels above basic life support as into a single advanced life support category. Without the proposed change, EMS services would have to reconcile BOME EMT practice limitations with a much different EMS service licensing structure. Consolidating the levels of EMS care above the basic life support level to conform it to BOME standards will make it easier to understand the level of care provided by an EMS service and will minimize unnecessary confusion for the services and the public.

Subsection (1)(a) of this proposed rule provides for an exception to the general rule that services above EMT-B require advanced life support licensing. The endorsement for EMT-Basic 2 - Monitoring authorizes the use of pulse oximetry and glucose monitors which are non-invasive. While there may be some justification for having medical oversight for these skills in the training for this endorsement (as is required under the BOME rules), it is not necessary to require a service medical

director for the ongoing provision of this level of care. If this exception to the rule was not adopted, any EMS service providing this endorsement would be required to have a medical director. Requiring communities with little or no physician presence in their community may experience a hardship meeting the service medical director requirement or may not be able to provide this important level of care at all.

Current rules require any EMS service that provides advanced life support, whether full-time (24 hours a day, seven days a week) or "part-time", to be licensed at an advanced life support level. Many small communities have only a few staff members that can provide advanced life support, but choose to use them whenever they are available. Subsection (2)(b) of this proposed rule provides that EMS services with limited ability to provide full time ALS will be licensed at basic life support level with authorization to provide ALS. Such services would be required to develop a "service plan" explaining how they plan to provide these limited services. This rule change is necessary in order to provide the services, the medical community and the public an accurate description of the level of care available to them. EMS services should not be subject to liability for exceeding their license authority if they cannot reasonably guarantee an advanced level of care to all patients they may be required to respond to.

### RULE III

This proposed new rule is necessary to clearly define which

agencies must apply for a nontransporting medical unit license. The current rule requires any agency that provides a medical response as part of its primary objective and offers to provide a medical response to be licensed. It was not the Department's intent to require agencies such as law enforcement, mine rescue units and ski patrols, whose primary purpose is public safety or rescue to obtain an EMS license. Without the proposed rule change, the Department will have to continually respond to inquiries caused by the ambiguity of this rule.

#### RULE IV

This new rule would remove safety and extrication kit requirements from ARM 37.104.101(34), a definitions rule, and put them in a new separate rule. The Department is taking this opportunity to update the form and structure of the rules to conform them to current Montana rulemaking practice. This proposal would make both rules easier to read by putting this subject in a separate new rule. The Department intends no substantive change as a result of this proposal.

#### RULE V

This new rule would remove transportation kit requirements from ARM 37.104.101(40), a definitions rule, and put them in a new separate rule. The Department is taking this opportunity to update the form and structure of the rules to conform to current Montana rulemaking practice and to make them easier to read by putting this subject in a separate new rule. The Department

intends no substantive change as a result of this proposal.

RULE VI

This new rule would remove license renewal information from ARM 34.104.106, a rule about the administration of new licenses, and put it in a new separate rule. The Department is taking this opportunity to update the form and structure of the rules to conform to current Montana rulemaking practice and to make both rules easier to read by putting this subject in a separate new rule. The Department intends no substantive change as a result of this proposal.

RULE VII

This new rule would remove advertising restriction policy from ARM 34.104.106, license application requirements, and put it in a new separate rule. The Department is taking this opportunity to update the form and structure of the rules to conform them to current rulemaking practice. The proposed change would make both rules easier to read by putting this subject in a separate new rule. The Department intends no substantive change as a result of this proposal.

RULE VIII

This new rule would remove standard of care policy information from ARM 37.104.213, personnel requirements, and put it in a new separate rule. The Department is taking this opportunity to update the form and structure of the rules to conform them to

current rulemaking practice. The proposed change would make both rules easier to read by putting this subject in a separate new rule. The Department intends no substantive change as a result of this proposal.

RULE IX

This new rule would remove level of care limitations from ARM 37.104.213, personnel requirements, and put them in a separate new rule. The Department is taking this opportunity to update the form and structure of the rules to conform them to current rulemaking practice. The proposed change would make both rules easier to read by putting this subject in a separate new rule. The Department intends no substantive change as a result of this proposal.

The Department is also proposing the addition of new subsection (2) to allow EMTs to provide advanced life support on BLS services as provided in Rule II. This will allow a BLS service some personnel scheduling flexibility when ALS certified personnel are not always available.

RULE X

This new rule would remove service operation policy from ARM 34.104.213 personnel requirements and put it in a new separate rule. The Department is taking this opportunity to update the form and structure of the rules to make them easier to read by putting this subject in a separate new rule. The Department

intends no substantive change as a result of this proposal.

RULE XI

This proposed rule is necessary to specify that a basic life support service applying for authorization to provide advanced life support under Rule II must apply on forms requesting this authorization and that they must have an approved service medical director.

ARM 37.104.101(1)

This proposed definition is necessary to conform the definition of ALS to the BOME rules. The Department proposes to simplify the definitions rule by referring to ALS as an advanced life support provider as defined in BOME rules. This definition would also consolidate intermediate, paramedic and endorsement levels of care under one level of care, allowing the Department to more efficiently manage licenses for services that provide multiple levels of care.

ARM 37.104.101(2)

This proposed definition compliments the definition of ALS and allows a service to have one advanced life support license that encompasses all levels. Failure to amend the definition would be confusing to the services and to the public.

ARM 37.104.101(3)

Current rules specify an ALS kit with specific supplies and

equipment. The rules also allow a service medical director to customize this kit somewhat by applying to the Department for an exception to the rule if he or she determines that equipment is not necessary or required for the EMT's practice. Additionally, the new BOME rules clearly put the responsibility for medical oversight of an EMT's practice within the service medical director's responsibilities. Therefore, this proposed rule would allow the service medical director to specify a customized ALS kit appropriate to the level of care that will be provided by the service.

The Department also proposes to delete subsection (3)(a). Intermediate care and the associated kit are now broadly defined as advanced life support and advanced life support kit. Therefore, this definition would be unnecessary. Failure to remove it from the definitions rule would be confusing to the services and to the public.

ARM 37.104.101(6)

This proposed amendment is necessary to define the term "authorization" used in Rule II. Failure to clearly define an authorization would open Rule II to differing interpretations and might result in challenges to the Department's licensing authority.

ARM 37.104.101(7)

Current rules require services to use only AEDs approved by the

Department. A Department approved AED is identical to one approved by the U.S. Food and Drug Administration (FDA). This proposed rule would simplify the AED requirement to units approved by the FDA. Subsections (1)(a) and (1)(b) would be deleted as inherent in the FDA approval process. Failure to revise the AED requirement would continue the unnecessary duplication of AED approval processes.

ARM 37.104.101(8)

The Department proposes to simplify the definitions rule by removing substantive provisions and putting them in new separate rules. The requirements formerly in this definition would be moved to Rule I. For more information, please see the discussion of Rule I above.

ARM 37.104.101(9)

This proposed definition is necessary to conform the Department's definition of BLS to the BOME rules. The Department proposes to simplify the definitions rule by removing substantive provisions and putting them in new separate rules. Therefore, this proposed definition of BLS would refer to Rule II.

ARM 37.104.101(11)

This definition would allow simplification of several other rules by defining the term "board" to mean the Montana Board of Medical Examiners. The board is referred to frequently in these proposed rules.

ARM 37.104.101(9)

The Department proposes the deletion of this definition. The defibrillation protocol falls under the BOME's authority and it is not necessary to duplicate it in these service licensing rules. Failure to remove it from the definitions rule would be confusing to the services and to the public.

ARM 37.104.101(13)

This proposed definition is necessary to conform the Department's definition of EMT-B to the BOME rules. The Department proposes to simplify the definitions rule by removing substantive provisions and putting them in new separate rules. Therefore, this proposed definition of BLS refers to Rule II.

ARM 37.104.101(14)

The proposed changes to this definition would eliminate obsolete language. Failure to do so would be confusing to the services and to the public.

ARM 37.104.101(12)

The Department proposes the deletion of this definition. EMT-Defibrillation is no longer defined or recognized by the BOME, and it is not necessary to retain it in these service licensing rules. Failure to remove it from the definitions rule would be confusing to the services and to the public.

ARM 37.104.101(13)

The Department proposes the deletion of this definition. EMT-Defibrillation is no longer defined or recognized by the BOME, and it is not necessary to retain a definition of EMT-Defibrillation equivalent in these service licensing rules. Failure to remove it from the definitions rule would be confusing to the services and to the public.

ARM 37.104.101(15)

This proposed amendment would conform the Department's rules referring to EMT-I with the BOME rules. The Department proposes to simplify the definitions rule by referring to an individual licensed by BOME as an EMT-Intermediate. Failure to propose this amendment would unnecessarily complicate this rule and would be confusing to the services and to the public.

ARM 37.104.101(16)

The proposed amendment of this definition would eliminate obsolete language from the definition and substitute current BOME terminology. The Department proposes to simplify the definitions rule by referring to BOME licensure. Failure to update the terminology used in this definition would be confusing to the services and to the public.

ARM 37.104.101(17)

This proposed definition would conform the Department's rules referring to EMT-P with the BOME rules. The Department proposes to simplify the definitions rule by referring to an individual

licensed by the BOME as an EMT-Paramedic. Failure to update the terminology used in this definition would be confusing to the services and to the public.

ARM 37.104.101(18)

The proposed changes would eliminate obsolete language from the definition of EMT-P equivalent and substitute current BOME terminology. Failure to update the terminology used in this definition would be confusing to the services and to the public.

ARM 37.104.101(19)

This proposed definition would conform the Department's rules referring to EMT-F with the BOME rules. The Department proposes to simplify the definitions rule by referring to an individual licensed by the BOME as an EMT-F with an ambulance endorsement. Failure to update the terminology used in this definition would be confusing to the services and to the public.

ARM 37.104.101(21)

This proposed definition would conform the Department's rules referring to first responder ambulance with the BOME rules. The Department proposes to simplify the definitions rule by combining two conditions under the BOME rules in one definition under the service licensing rules. Failure to propose this definition would unnecessarily complicate this rule and would be confusing to the services and to the public.

ARM 37.104.101(22)

This proposed definition would eliminate obsolete language and reflect current Red Cross level of training terminology, "red cross emergency response". Failure to update the terminology used in this definition would be confusing to the services and to the public.

ARM 37.104.101(26)

The Department proposes to eliminate the definition and use of the term "grandfathered nurse" and to require all nurses providing field care to have the signed approval of a medical director for supplemental training. Why? Alternative?

ARM 37.104.101(23)

This proposed amendment would conform the Department's rule referring to levels of service to the BOME rules. The Department proposes to simplify the definition to include only two levels of service, BLS and ALS. This would be consistent with Rule I and other proposed rules and amendments. Failure to propose this amendment would unnecessarily complicate this rule and would be confusing to the services and to the public.

ARM 37.104.101(28)

The Department proposes to eliminate this definition. It is no longer necessary because the role and responsibilities of a service medical director are defined under the BOME rules. Failure to propose this deletion would unnecessarily complicate

this rule and would be confusing to the services and to the public.

ARM 37.104.101(25)

This proposed definition would conform the Department's rules referring to online medical direction with the BOME rules. The Department proposes to simplify the definitions rule by referring to the BOME definition of this subject. Failure to propose this definition would unnecessarily complicate this rule and would be confusing to the services and to the public.

ARM 37.104.101(26)

This proposed amendment would change the description of an ambulance permit to reflect current practice. The Department provides a certificate but not a sticker to ground ambulance services, similar to the certificate issued to air ambulance services. Failure to propose deletion of the reference to a sticker would be confusing to the services and to the public.

ARM 37.104.101(32)

The Department proposes the deletion of this definition and the substitution of a new definition, "statewide protocol" to make EMS rule terminology consistent with the BOME rules. Failure to propose the elimination of obsolete language would unnecessarily complicate this rule and would be confusing to the services and to the public.

ARM 37.104.101(27)

The Department proposes to simplify the definitions rule by adopting BOME terminology and referring to the BOME definition of this subject. Failure to propose this definition would unnecessarily complicate this rule and would be confusing to the services and to the public.

ARM 37.104.101(30)

The Department proposes to simplify these rules by adopting BOME terminology and referring to the BOME definition of this subject. Failure to propose this definition would unnecessarily complicate this rule and would be confusing to the services and to the public.

ARM 37.104.101(31)

This proposed amendment is necessary to define the term "service plan" used in Rule II. Failure to clearly describe a service plan would leave Rule II open to differing interpretations and might result in challenges to the Department's service licensing authority.

ARM 37.104.101(33)

This proposed amendment of the definition of "supplemental training" would simplify these rules by adopting BOME terminology and referring to the "level of training corresponding to the license level authorized by the service medical director," consistent with the BOME rules. The BOME rules define a service

medical director's responsibility for direction of the medical aspects of a service and allow the director to specify the supplemental training nurses will need in order to provide a pre hospital response as a member of an EMS service roster. Failure to propose this amendment would unnecessarily complicate this rule and would be confusing to the services and to the public.

ARM 37.104.101(37)

The Department proposes to eliminate the definition of the term "surrogate" and its use in these rules. The term is obsolete and would be replaced by the term "registered nurse with supplemental training". Failure to propose this amendment would unnecessarily complicate this rule and would be confusing to the services and to the public.

ARM 37.104.101(39)

The Department proposes to eliminate the definition of the term "temporary work permit" and its use in these rules. The term is obsolete and no longer appears in the BOME rules. Failure to propose this amendment would unnecessarily complicate this rule and would be confusing to the services and to the public.

ARM 37.104.101(42)

The Department proposes to eliminate the adoption by reference of the U.S. Department of Transportation's Emergency Medical Technician: Basic National Standard Curriculum. The authority for curriculum approval is regulated in BOME ARM 27.156.2741(7)

and this proposal would simplify the service licensing rules by eliminating the curriculum provision. Failure to propose this amendment would unnecessarily complicate this rule and would be confusing to the services and to the public.

ARM 37.104.105

The Department proposes to amend this rule to reduce the number of EMS license types to basic (BLS) and advanced life support (ALS). This would be consistent with Rule I and other rules and amendments proposed in this notice. Failure to propose this amendment would unnecessarily complicate this rule and would be confusing to the services and to the public.

The Department also proposes to add a new provision to this rule specifying that a service that is unable to provide ALS 24 hours a day, seven days a week will be licensed as a BLS. This would be consistent with Rule II and other amendments proposed in this notice. Failure to propose this amendment would unnecessarily complicate this rule and would be confusing to the services and to the public.

ARM 37.104.106

The Department proposes to simplify this rule by eliminating obsolete language pertaining to services existing or applying for licenses to commence on January 1, 1990.

The Department proposes to simplify the method of establishing

staggered licensing and to move the provisions pertaining to license renewal to a new separate rule, Rule VI. This proposed amendment is intended to make the rules easier to read and use. The Department also proposes to remove the advertising limitations from this rule and put them in a new separate rule, Rule VII. Therefore, the limitations should be easier to read and use. Failure to propose these amendments would unnecessarily complicate this rule and would be confusing to the services and to the public.

ARM 37.104.201

The Department proposes to simplify this rule by eliminating obsolete language pertaining to VHF radio requirements prior to January 1, 1996. This proposed amendment is intended to make the rules easier to read and use. Failure to propose these amendments would unnecessarily complicate this rule and would be confusing to the services and to the public.

ARM 37.104.203

The Department proposes to amend this rule by eliminating references to defibrillation and EMT-D, terms that would be obsolete if the amendments proposed in this notice are adopted.

The Department proposes to amend this rule by eliminating references to the "intermediate kit", now included in the broader definition of advanced life support kit.

The Department also proposes to simplify this rule by eliminating the references to levels of service other than basic and advanced. Failure to propose these amendments would unnecessarily complicate this rule and would be confusing to the services and to the public.

ARM 37.104.208

The Department proposes to amend this rule by updating the provisions related to disposal of infectious waste. The amended rule would refer to the definition of infectious waste in 75-10-1003, MCA and the handling, treatment and disposal requirements set forth in 75-10-1005, MCA.

The Department also proposes to amend this rule by updating the provisions related to disposal of sharp items. The amended rule would use the term "sharps" that has come into common use after this rule was adopted and would refer to the handling, treatment and disposal requirements of 75-10-1005, MCA and the U.S. Occupational Safety and Health Administration (OSHA). These proposed amendments would make this rule consistent with the other amendments proposed in this notice. Failure to propose this amendment would leave this rule unnecessarily complicated and would be confusing to the services and to the public.

ARM 37.104.212

The Department proposes to amend this rule by eliminating references to EMT-I and EMT-D, terms that are no longer used in

the BOME rules and would be obsolete if the amendments proposed in this notice are adopted. The responsibility for medical oversight of an EMS service by the service medical director is specified in the BOME rules and it is unnecessary to repeat that duty in this rule. Therefore, the Department proposes to strike all of subsection (5). Failure to propose this amendment would unnecessarily complicate this rule and would be confusing to the services and to the public.

The Department also proposes to amend this rule to clarify when a service must file a trip report. The Department believes the term "practicable" is unnecessarily vague and that a more specific standard should be articulated when a patient care trip report must be provided to the hospital. While it is best practice for a service to provide a report to the hospital immediately after delivering their patient, some flexibility is needed to allow services who have multiple calls back-to-back to provide the report as soon as possible. Therefore, the Department proposes a limit of 48 hours. Failure to propose this amendment would impose unnecessarily vague guidance to services and to the public and might result in differing interpretations that would undermine the Department's regulatory authority.

ARM 37.104.213

The Department proposes to eliminate the term "temporary work permit" from this rule. The term is obsolete and no longer

appears in the BOME rules. Failure to propose this amendment would unnecessarily complicate this rule and would be confusing to the services and to the public.

The Department proposes to move the standard of care provision from subsection (1)(b) of this rule to a new separate rule, Rule VIII. This should make both rules easier to read and use. The Department intends that no substantive change in the standard result from the proposed amendment.

The Department proposes to remove references to "advanced first aid" in this rule. The term is obsolete and no longer appears in the BOME rules. Failure to propose this amendment would unnecessarily complicate this rule and would be confusing to the services and to the public.

The Department proposes to delete limitations on EMT practice and to add references to BOME ARM 24.104.2771 governing acts of EMTs licensed in other states and the use of auto-injectors during bioterrorism attacks. The proposed amendments would make this rule consistent with the BOME rules and would provide authorization for the same acts under this EMS service licensure. Failure to propose these amendments would unnecessarily complicate this rule and would be confusing to the services and to the public.

The Department proposes to move provisions related to EMT level

of care limitations and service operation to new separate rules, Rule IX and Rule X, respectively. These amendments should make the provisions easier to read and use. The Department intends that no substantive change to these provisions result from these amendments.

The Department proposes to amend this rule by eliminating references to EMT-I and EMT-D, terms that are no longer used in the BOME rules and would be obsolete if the amendments proposed in this notice are adopted. Failure to propose this amendment would unnecessarily complicate this rule and would be confusing to the services and to the public.

ARM 37.104.218

The Department proposes to amend this rule by eliminating references to EMT-I and EMT-D, terms that are no longer used in the BOME rules and would be obsolete if the amendments proposed in this notice are adopted. Under the proposed amendment, a service medical director is required only for services providing advanced life support. Failure to propose this amendment would unnecessarily complicate this rule and would be confusing to the services and to the public.

The Department proposes to add references to BOME rule ARM 24.156.2701 defining service medical director qualifications, duties and responsibilities. The amendment would make these

rules consistent with BOME rules and policy. This would simplify compliance with these rules because there would be a single set of service medical director qualifications, duties and responsibilities. Failure to propose this amendment would unnecessarily complicate this rule and would be confusing to the services and to the public.

ARM 37.104.221

The Department proposes to allow a service to have a two-way communications system between advanced life support service personnel and a physician approved by the service medical director, or with a 24-hour physician -staffed emergency department. These amendments would allow services to chose the most appropriate means of maintaining on-line medical direction. The proposed amendments would make this rule consistent with the BOME rules regulating the oversight of EMT practice and the online medical direction they must receive from a service medical director.

The Department proposes an amendment that would add a specific provision exempting a service that provides only endorsement level EMT-B 2 care as provided for in BOME rule ARM 24.156.2751 from the online medical direction requirement. This amendment is necessary to clearly state that the practice of endorsement 2 by a BLS does not require medical director oversight. This should avoid any differing interpretations of the rule that would lead

to challenges to the Department's regulatory authority.

ARM 37.104.306

The Department proposes to simplify this rule by eliminating obsolete language pertaining to the effective date of the rule, January 1, 1993. This proposed amendment is intended to make the rule easier to read and use. Failure to propose this amendment would unnecessarily complicate this rule and would be confusing to the services and to the public.

ARM 37.104.307

The Department proposes to simplify these rules by eliminating the incorporation of FAA regulations in this rule and in ARM 37.104.336. This amendment would eliminate unnecessary duplicate regulation while assuring the safety of air ambulance stretchers. Failure to propose this amendment would unnecessarily complicate this rule and would be confusing to the services and to the public.

ARM 37.104.311

The Department proposes to update this rule by giving ground ambulances the option of using electronic carbon monoxide detectors. Since these rules were adopted, electronic carbon monoxide detectors have come into widespread use. These proposed

rules would allow a service to use either electronic carbon monoxide detectors or disposable ones.

The Department proposes to further update this rule by exempting diesel powered ambulances from the carbon monoxide detector requirements. Since these rules were adopted, the use of diesel engines has become common in ground ambulances. Diesel engines do not produce significant amounts of carbon monoxide and, therefore, the Department finds carbon monoxide detectors are unnecessary in diesel powered ambulances. This proposed exception will eliminate the administrative cost of numerous waivers under the current rule. Since waivers are limited to a six-month maximum duration, the proposed amendment would save the Department and services the cost of renewing waivers every six months.

ARM 37.104.312

The Department proposes to update this rule by giving air ambulances the option of using electronic carbon monoxide detectors. Since these rules were adopted, electronic carbon monoxide detectors have come into widespread use. These proposed rules would allow a service to use either electronic carbon monoxide detectors or disposable ones. This amendment would make the rule for air ambulances consistent with the rule for ground ambulances.

ARM 37.104.316

The Department proposes to simplify this rule by eliminating obsolete language pertaining to personnel requirements in effect prior to January 1, 1996. This proposed amendment is intended to make the rule easier to read and use. Failure to propose this amendment would leave this rule unnecessarily complicated and would be confusing to the services and to the public.

The Department proposes to revise the language in this rule pertaining to minimum personnel requirements for BLS ground ambulances. The current rule makes it a violation for the ambulance to respond with only one person. It is not unusual for a second crew member to respond directly to the scene while another crew member responds with the ambulance. The proposed amendment would apply the minimum personnel requirement only when a patient is loaded or transported. This revision is necessary to assure that the addition of a second crew member on the scene is an appropriate practice and is not a violation of these rules. Failure to propose this amendment would continue the existing practice of imposing the staffing requirement at the time of the response, unnecessarily restricting a BLS service's personnel scheduling flexibility.

The Department is also proposing that a reference to Rule XI be added to clearly state that BLS services with an authorization to provide ALS on a less than full time basis may do so when

personnel with the necessary endorsements are available. This proposed amendment is necessary to allow BLS services to provide ALS, as authorized, without being in violation of rules. For a more detailed explanation, please see the discussion of ARM 37.104.105 above.

ARM 37.104.319

The Department proposes to revise the language of this rule pertaining to minimum personnel requirements for ALS ground ambulances. The proposed amendment would make this rule similar to ARM 37.104.316 so that a second crew member could respond directly to the scene while another crew member responds with an ALS **licensed? equipped?** ambulance. The proposed amendment would apply the minimum personnel requirement only when a patient is loaded or transported. This revision is necessary to assure that the addition of a second crew member on the scene is an appropriate practice and is not a violation of these rules. Failure to propose this amendment would continue the existing practice of applying the staffing requirement at the time of the response, unnecessarily restricting an ALS service's personnel scheduling flexibility.

The Department is also proposing to update this rule by substituting the term "advanced life support" for the term "EMT-Paramedic". This is consistent with the Department's intention, explained in Rule II to amend the term "EMT-P" to "ALS" throughout these rules. Failure to propose this amendment would

result in the retention of obsolete language that would be confusing to services and to the public.

ARM 37.104.329

The Department is also proposing to update this rule by substituting the term "advanced life support" for the term "EMT-Paramedic". This is consistent with the Department's intention, explained in Rule II to amend the term "EMT-P" to "ALS" throughout these rules. Failure to propose this amendment would result in the retention of obsolete language that would be confusing to services and to the public.

ARM 37.104.336

The Department proposes to simplify these rules by eliminating the incorporation of FAA regulations in this rule and in ARM 37.104.307. This amendment would eliminate unnecessary duplicate regulation while assuring that air ambulances licensed under these rules are also licensed aircraft under FAA regulations. The proposed rule change would more broadly state that aircraft must be currently licensed under FAA rules. Failure to propose this amendment would leave this rule unnecessarily complicated.

ARM 37.104.401

The Department proposes to simplify this rule by eliminating

obsolete language pertaining to the effective date of this rule, January 1, 1990. Failure to propose this amendment would leave this rule unnecessarily complicated.

The Department also proposes to substitute the term "advanced life support" for the term "EMT-Paramedic". This is consistent with the Department's intention, explained in Rule II to amend the term "EMT-P" to "ALS" throughout these rules. Failure to propose this amendment would result in the retention of obsolete language that would be confusing to services and to the public.

ARM 37.104.404

The Department proposes to substitute the term "advanced life support" for the term "EMT-Paramedic" in this rule. This is consistent with the Department's intention, explained in Rule II to amend the term "EMT-P" to "ALS" throughout these rules. Failure to propose this amendment would result in the retention of obsolete language that would be confusing to services and to the public.

ARM 37.104.616

Current rules require services to use only AEDs approved by the Department. A Department approved AED is identical to one approved by the U.S. Food and Drug Administration (FDA). The Department proposes to simplify the AED requirement to units

approved by the FDA. Failure to revise the AED requirement would continue the unnecessary duplication of AED approval processes.

CUMULATIVE FISCAL IMPACTS AND NUMBER PERSONS AFFECTED

There are a total of 144 ambulance services 112 non-transporting units in Montana that could be affected by this rule. Since these rules neither increase the existing license fee nor create new ones, the Department does not anticipate any financial impact on the regulated entities.

6. Interested persons may submit their data, views or arguments either orally or in writing at the hearing. Written data, views or arguments may also be submitted to Dawn Sliva, Office of Legal Affairs, Department of Public Health and Human Services, P.O. Box 4210, Helena, MT 59604-4210, no later than 5:00 p.m. on \_\_\_\_\_, 2005. Data, views or arguments may also be submitted by facsimile to (406)444-1970 or by electronic mail via the Internet to dphhslegal@mt.gov. The Department also maintains lists of persons interested in receiving notice of administrative rule changes. These lists are compiled according to subjects or programs of interest. For placement on the mailing list, please write the person at the address above.

7. The Office of Legal Affairs, Department of Public Health and Human Services has been designated to preside over and conduct the hearing.

\_\_\_\_\_  
Rule Reviewer

\_\_\_\_\_  
Director, Public Health and  
Human Services

Certified to the Secretary of State \_\_\_\_\_, 2005.